

NEW PATENT APPLICATION TRANSMITTAL



Mail Stop Patent Application
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the Utility Design patent application of:

First named Inventor: Alexandros MAKRIYANNIS, Qian LIU and Rajesh THOTAPALLY
For: NOVEL PYRAZOLE ANALOGS ACTING ON CANNABINOID RECEPTORS

Enclosed are:

- 81 Sheets Of Specification
- 1 Drawing Sheets Containing Figure 1 Formal Informal
- A Return Receipt Postcard.
- An Assignment Of The Invention.
- A Certified Copy Of A _____ Application.
- A Copy Of Inventor's Declaration signed unsigned
- An Application Data Sheet.
- A Preliminary Amendment.
- Other:

16235 U.S.PTO
10/790498



If checked, this application is a:

- Continuation
- Continuation-in-part
- Divisional

of Application of International Application Number PCT/US02/27644 having an International filing date of August 29, 2002.

For Continuation or Divisional Applications: The entire disclosure of the prior application, from which an oath or declaration is supplied, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

If checked, a REQUEST FOR NONPUBLICATION OF APPLICATION UNDER 35 U.S.C. §122(b)(2)(B)(i) is attached:

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on March 1, 2004, and is addressed to the "Mail Stop Patent Application, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Express Mail No.: EV 188551842 US

The filing fee has been calculated as shown below:

Design Application For Small entity not Small Entity

Utility Application with fee calculated below:

if checked, Applicant(s) is(are) a small entity.

Basic fee			\$385.00
Total claims in excess of 20	0	\$9	\$ 0.00
Independent claims in excess of 3	2	\$43	\$ 86.00
No. multiple dependent claims presented	0	\$	\$0.00
		Total claim fees	<u>\$ 471.00</u>

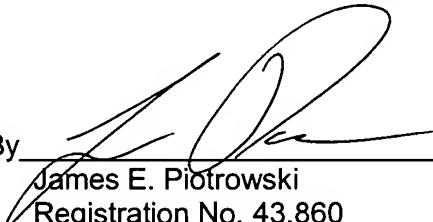
A check in the amount of \$471.00 to cover the filing fee is enclosed.

Please charge my Deposit Account No. 16-2563 in the amount of \$ _____ to cover the filing fee. A duplicate of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional required fees associated with this communication, including filing fees under 37 CFR 1.16, or credit any overpayment to Deposit account No. 16-2563. A Duplicate Copy Of This Sheet Is Enclosed.

The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. A duplicate copy of this sheet is enclosed.

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